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Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	12443	
Facility Name:	UCSF M	Medical Center at Mount Zion
Address:	1600 Div	visadero Street
City:	San Fra	ncisco
Hospital Owner/Lice	ensee:	Regents of University of California
Year of Rep	oorting:	2010
Contact 1 e-mail Ac	ddress:	
Contact 2 e-mail Ac	ddress:	
Contact 3 e-mail Ad	dress::	
Name of Sub	omitter:	UCSF Medical Center
Submission	n Date:	2/10/2011 4:05:21 PM

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating	g Extension Date	Anticipated Completion Date
02	Building B	1600 Divisadero Street	Retrofit	SPC2	01/01/2013	12/31/2014
03	Building D	1600 Divisadero Street	Retrofit	SPC2	01/01/2013	12/31/2014

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For each building which is planned for retrofitting or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

Building No: 02	Building B	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub <u>Number Number Num</u>	Scope	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
12443 HS072167	0 06-346A SPC-2 STRENGTHENING OF BLDG B & D	11/27/2007 11/18/2010 12/30/2011 OPEN No
Building No: 03	Building D	Retrofit/Replacement Yes-Submitted Project:
Building No: 03 Facility Project Sub Number Number Num	Building D Scope	

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 02	Buildi	ing Name: Building B		
Type of Service Prov	<u>/ided</u>			
X Nursing	Inpatient Beds	40 Inpatient 8054 Days	X Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	X Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	X Central Plant

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 03	Buildi	ng Name: Building D							
Type of Service Provided									
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery					
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby					
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency					
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine					
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical Dietetic	Rehabilitation Therapy					
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis					
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this	X Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery					
		Building		Central Plant					

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	02	Building Name:	Building B				
Medical / Surgical (Include GYN)	Acute Respira	atory Care	Acute Psychiatric	Acute Psychiatric		
Inpatient 40 Bed	Inpatient 8054 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Perinatal (excluse I	Newborn / GYN)	Burn		Skilled Nursing			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Pediatric		intensive Care Nursery	• Newborn	Intermediate Card			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	40	40		

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	03 E	Building Name: Build	ling D			
Medical / Surgical (Include GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse l	Newborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care Nev Nursery	vborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	nent	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0	

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Building A	
02	Building B	
03	Building D	
04	Building R	

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	02 Buildir	g Name:	Building B					
Type of Service Provided								
		X	Surgical	Obstetrical Cesarean/E	Deliv	Rehabilitation Therapy		
X	Nursing		Anesthesia					
	IntensiveCare			Obstetrical Recovery		Renal Dialysis		
	Pediatric/Adol	X	Clinical Lab		X	Outpatient		
	escent		Radiological/	Newborn/ WellBaby		Surgery		
	Psychiatric Nursing		Imaging Pharmaceutical	Emergency	X	Central Plant		
	Obstatuisal		Filaimaceuticai			Central Flant		
	Obstetrical Ante/Postprtum		Dietetic	Nuclear Medicine	X	Support Services		
	Intermediate Care							
		X	Administration					
	Skilled Nursing							

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	03	Building Name:	Building D			
Type of Service	e Provided					
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia			
	IntensiveCare			Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol	, [Clinical Lab			Outpatient
	escent		Radiological/	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Imaging	Emergency		Cantral Diagra
			X Pharmaceutical	Emergency	Ш	Central Plant
Ш	Obstetrical Ante/Postprtu	m [Dietetic	Nuclear Medicine	X	Support Services
	Intermediate Care					
_			Administration			
	Skilled Nursin	g 				

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Numb	er: 01	Building Nar	me: Building A						
Configuratior	Configuration Remove from GAC service by 1/1/2030								
Type of Ser	Type of Service Provided								
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
X	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis		
	Pediatric/Adol escent		Clinical Lab		Recovery				
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery		
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency		Central Plant		
	Intermediate Care		Dietetic	_ X	Nuclear Medicine	<u> </u>	Support		
	Skilled Nursing	X	Administration		. tas.sai madomo	<u></u>	Services		

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	02	Building Na	me: Building B				
Configuration .	Retrofit Non-Confo	orming buildi	ng to SPC 2 and NPC	3 and rem	ove from service by 2030		
Type of Service Provided							
X N	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	ntermediate		Dietetic		Lineigeney		Commun Idin
	Care Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	03	Building Na	me: Building D				
Configuration :	Retrofit Non-Confo	orming buildi	ng to SPC 2 and NPC	C 3 and rem	ove from service by 2030		
Type of Service Provided							
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol scent		Clinical Lab		Recovery		
	Psychiatric Jursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Inte/Postprtum	X	Pharmaceutical		_		0
	ntermediate		Dietetic		Emergency		Central Plant
	Care				Nuclear Medicine	X	Support Services
S	Skilled Nursing		Administration				23333

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	04	Building Nar	me: Building R			
Configuration :	Remove from GAC	service by	1/1/2030			
Type of Service Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
l I	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
1 1	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	Central Plant
	ntermediate Care	X	Dietetic			
	Skilled Nursing	X	Administration		Nuclear Medicine	Support Services

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

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Building Number: 01 Building Name: Building A									
Тур	Type of Service Provided								
X	Nursing	Inpatient Beds	93		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
X	IntensiveCare	Inpatient Beds	7	X	Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	Emergency	Central Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic	X Nuclear Medicine	X Support Services		
	Skilled Nursing	Inpatient Beds	0	X	Administration				
	Total Beds this Building		100						

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Buildi								
Type of Service Provided								
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
	IntensiveCare	Inpatient Beds	0		Anesthesia			
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis	
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery	
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant	
	Intermediate Care	Inpatient Beds	0	X	Dietetic	Nuclear Medicine	Support Services	
	Skilled Nursing	Inpatient Beds	0	X	Administration			
	Total Beds this Building		0					

Report Status: Data Last Update: 02/10/2011 Submission Date: 02/10/2011 Print Date: 2/11/2011 8:38 AM

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	D1 Build	ing Name: Buil	ding A		
Medical / Surgical (Ind	clude GYN)	Acute Respiratory	/ Care	Acute Psychiatric	
Inpatient 93 Bed	Inpatient 9164 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop	ment
Inpatient 7 Bed	Inpatient 976 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	100	100

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	04 B	uilding Name: Buildin	ng R		
Medical / Surgical (I	nclude GYN)	Acute Respiratory C	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Perinatal (excluse N	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Pediatric		intensive Care Newb Nursery	oorn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days	0 0	